



Information **UPDATE**

Wisconsin Department of Public Instruction/Elizabeth Burmaster, State Superintendent/P.O. Box 7841/ Madison, WI 53707-7841

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TO: District Administrators, CESA Administrators, CCDEB Administrators,
Directors of Special Education and Pupil Services, and Other Interested Parties

FROM: Carolyn Stanford Taylor, Assistant State Superintendent
Division for Learning Support: Equity and Advocacy

SUBJECT: Occupational Therapy Licensing Rules

Changes in Occupational Therapy Licensing Rules

The Wisconsin Administrative Code that implements state licensure for occupational therapists (OTs) and occupational therapy assistants (OTAs) changed recently. Effective January 1, 2003, § OT 1 through OT 5 of the Wisconsin Administrative Code replaced the repealed § MED 19. All OTs and OTAs who practice in Wisconsin, regardless of the type of setting, must be licensed by the Department of Regulation and Licensing, Occupational Therapy Affiliated Credentialing Board, and practice in accordance with these rules. Changes of significance to school occupational therapy services include an increase in continuing education requirements, an increase in occupational therapy assistant supervision requirements, confirmation that a medical referral is not required, and guidance for delegation of occupational therapy services to personnel who are not licensed under this chapter.

Continuing Education Requirements

An OT or OTA who is granted a license must maintain current registration of that license. Registration occurs every two years on November 1 of odd-numbered years. To keep registration current, OTs must complete 18 points of continuing education and OTAs must complete 12 points of continuing education between November 1, 2001, and November 1, 2003. Between November 1, 2003, and November 1, 2005, all licensed OTs and OTAs are required to complete 24 points of continuing education. The new requirement will continue in subsequent years. At least 12 of the points must be professional development activities related to occupational therapy. § OT 3 includes a table of acceptable activities and their point values. OTs and OTAs must certify that they have completed this requirement and must keep evidence of activities, such as certificates of completion, in case of audit.

Occupational Therapy Assistant Supervision Requirements

Prior to January 1, 2003, OTA supervision requirements in special education rules were more restrictive than rules in § Med 19 and provided appropriate guidance for school occupational therapy services (see § PI 11.24 of the Wisconsin Administrative Code). § OT 4.04 includes some provisions that now are more restrictive and must be followed by school systems.

- Close supervision is required for school system services provided by an entry-level OTA. Entry-level means a new graduate, a person new to the position, or a person with no previous experience in school system practice. Close supervision means the OT shall have daily, direct contact on the premises with the OTA. No specific duration of close supervision is required.
- When providing general supervision, the supervising OT now is required to have direct contact on the premises with the OTA and the client every two weeks. Under § PI 11.24 the biweekly meeting between the OT and OTA did not have to be on the premises or with the client. Instead of onsite re-evaluation of the child's therapy once every calendar month, the OT must now have onsite contact with the child and the OTA every two weeks.
- The OT must base the delegation of occupational therapy services on the establishment of service competence. Service competence is defined as determining that two people performing the same or equivalent procedures will obtain the same or equivalent results.

Physician or Other Health Care Provider Referral Not Required

DPI Information Update Bulletin No. 00.05 included information that a medical referral from a licensed physician no longer is required for school occupational therapy. The new rules clarify that position.

Physician order or referral from another health care provider is not required for evaluation or intervention if an occupational therapist or occupational therapy assistant provides services in an educational environment, including the child's home, for children and youth with disabilities pursuant to rules promulgated by the federal individuals with disabilities education act, the department of public instruction and the department of health and family services, or provides services in an educational environment for children and youth with disabilities pursuant to the code of federal regulations. (§ OT 4.03 (1)(e))

Supervision of Non-licensed Personnel and Therapy Aides

Requirements for delegating occupational therapy services to non-licensed personnel were not addressed previously in state law. In § OT 4.05, "non-licensed personnel" refers to personnel who are not licensed as occupational therapists or occupational therapy assistants.

- § OT 4.05 restricts the occupational therapy services that an OT or an OTA may delegate to non-licensed personnel.
- In all instances of delegation to non-licensed personnel, the OT or OTA must be on premises and available to assist.
- If the services are maintenance or restorative services, the OT or OTA must be in the immediate area and within audible and visual range of the client and the non-licensed personnel.
- Only non-skilled, specific tasks may be delegated to non-licensed personnel following appropriate training and with on-premises supervision.
- Delegated tasks may not be evaluative, assessive, task selective, or recommending in nature and may not include development, planning, adjusting, or modification of treatment procedures.
- Non-licensed personnel may not act on behalf of the OT or OTA in any matter related to direct client care which requires judgment or decision making.

These requirements for delegation of occupational therapy may be contrasted with the revised definition of "Consultation" in § OT 1.02.

"Consultation" means a work-centered, problem-solving helping relationship in which knowledge, experience, abilities, and skills are shared with client, family, caregivers, and other professionals, including physicians, in the process of helping to habilitate or rehabilitate through the use of occupational therapy.

Many of the provisions that were in § MED 19 have not changed. School OTs, OTA, and their supervisors are advised to read the full text of the rules. Copies of § OT 1 through OT 5 of the Wisconsin Administrative Code can be downloaded from the Wisconsin Legislature website,
<http://www.legis.state.wi.us/nav/wislaw.htm>

For more information about school occupational therapy, see:
http://www.dpi.state.wi.us/dpi/dlsea/een/occ_ther.html

Questions regarding this information update can be addressed to Patricia Bober at 608-266-5194.

This information update can also be accessed through the Internet:
<http://www.dpi.state.wi.us/dpi/dlsea/een/bulindex.html>